

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10769534

12-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				61						
2				1			62						
3							63						
4				1			64						
5				1			65						
6				1			66						
7				1			67						
8				1			68						
9				1			69						
10				1			70						
11				2			71						
12				2			72						
13				2			73						
14				2			74						
15				2			75						
16				1			76						
17							77						
18							78						
19							79						
20							80						
21				1			81						
22				1			82						
23				1			83						
24				1			84						
25				1			85						
26				1			86						
27				1			87						
28				1			88						
29				1			89						
30				1			90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			27				TOTAL DEP.						
TOTAL CLAIMS			30				TOTAL CLAIMS						